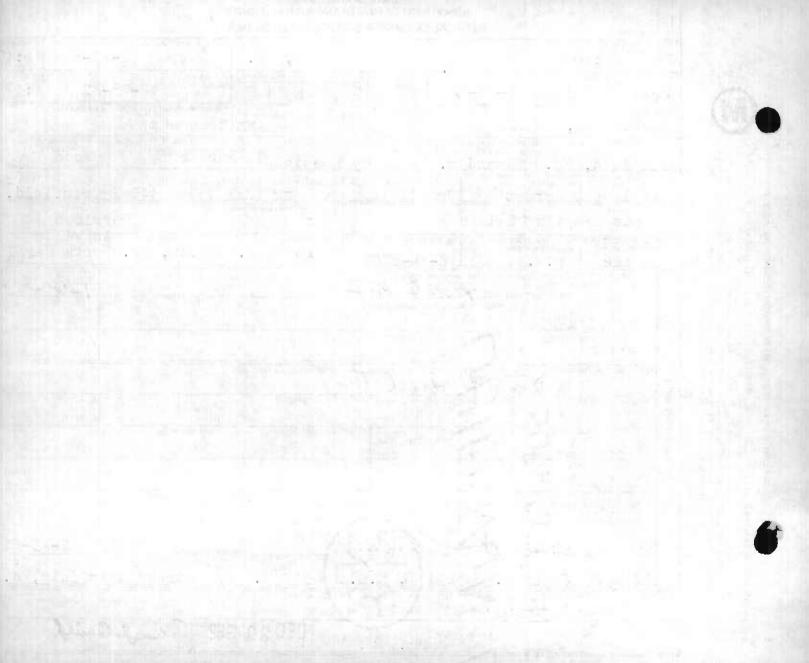
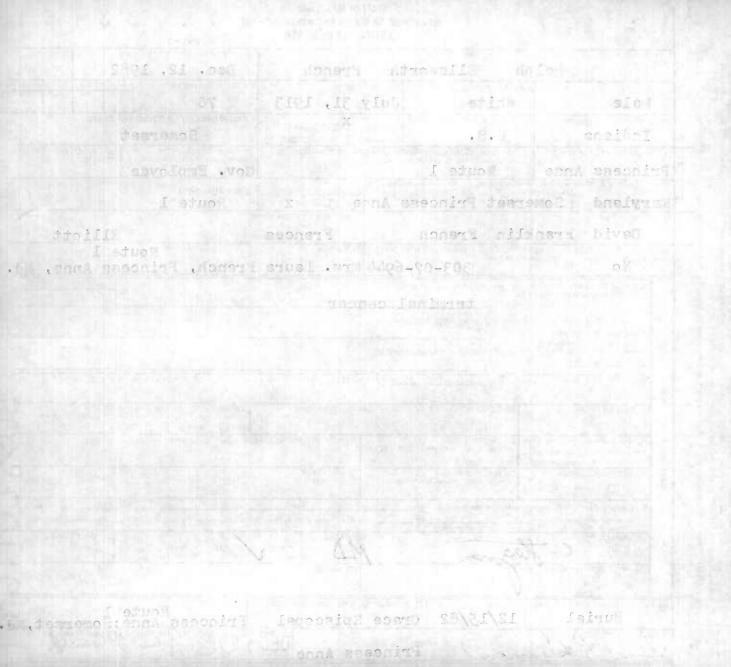
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME O DATE KNOWNACA DAY 7b. HOUR (TYPE OR PRINT) OF ESTI-Norwood Cullen, Sr. J. SEX 4 RACE 6. AGE IN YEARS IF UNDER 1 YR. DATE OF BIRTH IE LINDER 24 HRS 2d HOUR DATE MAST BIRTHDAY PRONOUNCED Male White DEAD 7g. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Crisfield. USA Somerset DIVORCEDXX WIDOWED II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 3. RETAIN PA SHOULD BE F McCready Hospia USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 1136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Crisfield Somerset YES [NOX Crisfield. Box 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Wade Hampton "Cullen Ola FIRST MIDDLE OKVIT Garrison 17 INFORMANT 160: WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS DIVISION (YES, NO. OR UNKNOWN) F. Cullen, Jr. North Card Norwood Yes 18-16-6787 18 CAUSE OF DEATH (Enter only one couse per line for 19), (b), and (c).) APPROXIMATE INTERVAL BETWEEN OF SET AND DEATH PART I DEATH WAS CAUSED BY HYGIENE, Bolle IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which SED AS A BURIAL-TRANS HEALTH AND MENTAL CREMATION, OR REMOV gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERRAINAL DISCASE OF CONDITION GIVEN IN PART & (g). CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF YES [] NO [3 SHOULD BE DEPARTMENT 8E 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL P.M. PRIOR 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK WHILE 22a. I certify that I took charge of the remains described above, held an DIRECTOR: Autopsy Inspection and in my apinion death resulted fram: Suicide Hamicide Undetermined manner TITLE (SPECIFY) PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA DATE 12-23-82 MEDICAL EXAMINER EXAMINER'S NAME Sterling .D. ADDRESS 320 W. Main Street Crisfield.Md. James 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 12/23/82 Removal BP. DEC 29 982 STRAP 156 REGISTRAP'S SENATORE 24. FUNERAL DIRECTOR **DHMH-17** ADDRESS (VR A15 ME (5)) Anatomy Board Balto., Md. 15M 7/77



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70. E	BIRTHPLACE	STATE OR		WHAT COUNTRY?	0	~		O RAITIA	ORE CITY O	R COUNTY		M
ľ	neigh country Naryla	nd	U.	S.	WIDOW		VER MARRIE DIVORCE	Se Se	merse	t		MD
	ITY OR TOWN		11. NAME OF HE	OSPITAL, NURSING H	OME, OR OTH	ier institu	TION	FOR MOST OF WO	ATION (TYPE	OF WORK	2b. KIND OF BL OR INDUST	JSINESS RY
		s Anne		ford Ave				State of	of Md		Highw:	ау
130.	state Aaryla	1135 COUN	erset	Princes:	/N	13d. INSIDE C	ITY LIMITS?	13e. STREET ADDR. Beck:	ord A	Ave.		
_	ATHER'S NAM		MIDDLE			15. MOTHE	ER'S MAIDEN	N NAME	NDDLE		1100	
	Bur	ton	H.	Dryden			Nora	Elizal			Long	
16a.	WAS DECEASE YES, NO, OR UNKN	OWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	16b. SOCIAL SEC	JRITY NO.	17 INFORM					d Ave	
	No					Mrs.	Lucy	Dryder	ı, Pri	inces	s Ann	e,Md.
	18. CAUSE O	OF DEATH (Enter on EATH WAS CAUSE	ly one couse per li	ne far (a), (b), and (c).	Dan	0-4	No.				APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
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	Control	and the state	DUE TO, O	OR AS A CONSEQUEN	CE OF							
		ans, if any, which ise to immediate	(b)									
	cause (c	i) stating the <u>under</u> - use last.	DUE TO, C	DR AS A CONSEQUEN	CE OF							
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IFIC											YES 🗆	NO 🗆
CERI		AL CAUSE WAS		OF INJURY	EAR 21c. HO	OW INJURY	OCCURRED	(ENTER NATURE OF IN	JURY IN ITEM 18 P	ART 1 OR PART		
CAL	UNDERLY INCONTRIBUT	G OR ING CAUSE OF D		.M. MONTH DAT								
MEDICAL	21d. INJURY	OCCURRED		E OF INJURY (AT HOM ACTORY, FARM, ETC.)		CATION		CITY OR TO	19/84	COUN	LITU	STATE
2	AT WORK	NOT WHILE C]	TOTOL, FARM, ETC.)		THE CT		CIT OR TO	WIA	COOK	***	STATE
	22a. I cert	ify that I toak charg	e of the remains	lescribed abave, held o	an Autap	sy 🔲,	Inspection	. Inquiry	, and	d in my apir	nian	
	death resul	ted fram: Natur	ral causes .	Accident ,	Suicide	, Hamic	ide .	Undetermined me				
		C. #	tomes			TITLE (S	PECIFY)			575	10 0	47
	ACTUAL SIGNATURE	1	egma		M	D. De	wite,	MEDICAL EXAM	AINER	DATE	12-2	-12
	EXAMINER'S	NAME	0									
gill	(TYPE OR PR	INT)				ADDRESS_						
23a.l	SPECIFY)	ATION, REMOVAL 2		23c. NAME OF				23d. LOCATION CITY OF TOWN	7-11	COUNT		TATE
24	Buri UNERAL DIRE		12/3/82	Manokir	1 Pres	byte		Princes				t, Md.
24.	NAME	CIOR	ADDRE	Princes	ed Ann	S MA		6 1982	In Ca.	STRAR'S SIC	shell	77
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	1	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 2 3 3 1 5
of be		ECEASED NAME FIRST Ral	ph Ellswor	th French	Dec. 12, 1982
may	3. St		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 2
T 100 TO	1	Male	White	July 31°, 1913	70 YRS. MONTHS DAYS HOURS
Poge	70. E	SIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH
deoth.	6	Thdiana	U.S.	WIDOWED DIVORCED	Somerset
by the filled will	P	cincess Anne	(IF NOT IN SUCH FACILITY, GIVE STREET ROUTE 1		126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) GOV. Employee
filled in auld be	130.	STATE 13b. COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOV NETSET Princes	/N 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS Route 1
tely 2 sh	14. F	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE LAST
amples ond 2	1	David Fran	klin French	Frances	Elliott
Pages Pages	160	WAS DECEASED EVER IN U.S. AF	WE MAD OR DATES		ADDRESS Route 1
S. Pa		(YES NO OR UNKNOWN) (IF YES, GI	303-07-	-6944 Mrs. Laura	French, Princess Anne,
that the dead by the atterest lease remarks and, cremation or ather traun		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEOU	ENCE OF	
requires en signe ar ta bur y injury, a	NOIL				AINAL DISEASE OR CONDITION GIVEN IN PART 110
nas been sign permit. Then ne prior ta bu	RTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO NO
ician. The law require ician. The has been sign the has been sign sit permit. Then giene priar ta bu	CAL CERTIFICATION		21b. TIME OF INJURY HOUR A.M. MONTH D	OPERATION WAS PERFORMED 21c HOW INJURY OCCUR	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
G PHYSICIAN: The law require strengthing physician. In this certificate has been sign in the build-mass permit. Then and Mental Hygiene prinar tab ked or Item 18 shows any injury ked or Item 18 shows any injury.	MEDICAL CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR 19 211. LOCATION	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO NO
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OR ATTENDING PHYSICIAN: The law require he haspital or attending physician. DIRECTOR: After this certificate has been sign ached for use as the burial-transit permit. Then to bept, at Health and Mental Hygiene priar ta by If hem 21 is marked at Hem 18 shows any injury		190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) (this hasp sow the deceased alive or	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	AY YEAR 19 21f. HOW INJURY OCCUR 19 21f. LOCATION 51REE1 , 19 , and that in (my) (our) apinian DEGREE ATTENDING	208 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO CITY OR TOWN COUNTY STA
R ATTENDING PHYSICIAN. The law require haspital ar attending physician. RECTOR: After this certificate has been sign hed far use as the build-transit permit. Then hed far use as the build-transit permit. Then hept, of Health and Mental Hygiene prior to by tem 21 is marked ar them 18 shows any injury tem 21 is marked ar them 18 shows any injury		190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (18 EITHER, NOTHEY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did in	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, in 19 office of the deceased from 19 office) view the body ofter death.	AY YEAR 19 21f. HOW INJURY OCCUR 19 21f. LOCATION 51REE1 , 19 , and that in (my) (our) apinian DEGREE ATTENDING	208 AUTOPSY? 208 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO COUNTY CITY OR TOWN COUNTY 10 17 19 19 10 10 10 11 11 12 12 12 12 13 14 15 16 17 18 18 19 19 19 10 10 10 10 10 10 10



6	FOR 1 - STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3 3 1 5	2					
o e 2.	I. DECEASED NAME FIRST (TYPE OR PRINT) PRISC	ILLA -	LEWIS	20 DATE OF DEATH MONTH	7 82 34	FO M					
	FEMALE	1 RACE WHITE	5. DATE OF BIRTH MONTH DAY YEAR 2 27 1900	6. AGE (IN YEARS LAST BIRTHDAY) 82 /RS YRS	IF UNDER I YEAR IF UNDER 2	MIN.					
114 1145	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNT		MD					
the charter of the ch	CHSFIELD,	(IF NOT IN SUCH FACILITY GIVE STREET	G HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWLFE	126. KIND OF BUSINES INDUSTRY	55 OR					
10 mg/s	MIG 21817 S	NE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE DUNTY 13c. CITY OR TO	YES NO	307 Myste	st.						
ompletel	FATHER'S NAME	Bogas LAST	15. MOTHER'S MAIDEN NA	EIKINS	LAST						
te be exect icion and c sers. Poges ol. the medic	160 WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YES	GOVE WAR OR DATEST	17 INFORMANT MRS. C-LA	ADDICOS							
ertificate ng physic ban pape removal.	18 CAUSE OF DEATH LEnte PART I. DEATH WAS CA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH									
e death of nave car latian, ar traumatii	Canditians, if any, which	Conditions, if any, which Conditions, if any, which (b) METASTATIC CARCINDMA TO CHESTIMALL									
s that the	cause (a), stating the underlying cause last	4 weeks.									
equire n signe Then p r ta bui injury,		NEME WEALNESS	DEATH BUT NOT RELATED TO THE TERM		VEN IN PART 1(a)						

19g DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED	20a AUTO		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			
			YES 🗍	NO	YES -	NO 🖯		
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19	21c HOW INJURY OCC	URRED (ENTER NA	NTURE OF INJUR	Y IN ITEM 18 PART TORPA	RT 2)		
214 INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	14.5	CITY OR TO	(0118	TY CTATE		

NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from atmon sow the decrosed alive on 27.182-abave. (I) (we) (aid) (did not) view the bady after death (aur) apinian death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS SYARES

23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION

24 FUNERAL DIRECTOR Bradshaw & Sons, Main St., Crisfield, Md.

12/10/82

23a BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

Scioto Memorial Park Scioto Rushtown

3 ABCDE

DHMH - 16 50M 1/B1 (VRA 15, 4)

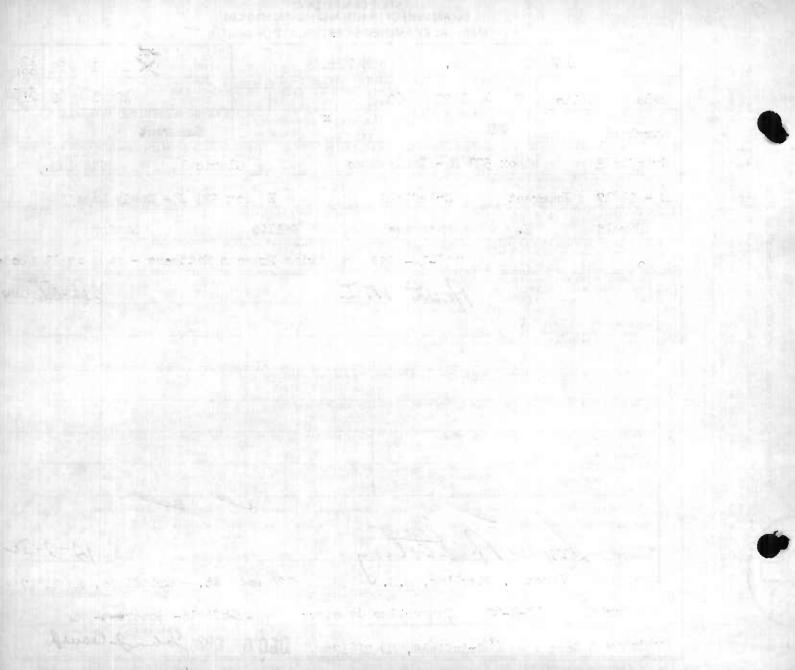
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O FUNERAL DIRECTOR: After this certificate has be

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w W er	1. DE	CEASED NAMI	FIRST	ARD	77121	MIDDLE	EXAMI		THEWS		OF DEA	20. DATE K OF DEATH	REG. NO	71.1	DAY	YEAR 19 82	76. HOUR 12			
T	3 SEX	ale	4. RACE White	5 DAT MONT 9		1922	6. AGE (IN YILL LAST BIRTHE	EARS IF UT	NDER 1 YR.	IF UNDE	R 24 HRS.	2c. DATE PRONOUN DE AD		MONTH 12	DAY	YEAR 19 82	24. HOUR 51.50 D M			
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-	130 S MD	TATE	13b. COU			13c. CITY	OR TOWN		13d INSIDE	CITY LIMITS?	13e. STR	EET ADDRES	s B - G	andy	Lane	9				
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	16a. W	VAS DECEASEI ES, NO, OR UNKNO NO	DEVER IN U.S. A	ARMED FOI	RCES?	11644	14-45		17. INFOR		rance	es Mat	ADDRESS thews		me a	as 13	abcd			
Q	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).										APPROXIMATE INTER BETYFIN ONLY APPL								
7	CERTIFICATION	19a. DATE OF	OPERATION		196 CONDITION FOR WHICH OPERATION WAS PERFORMED?								20. AUTOPSY?							
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)		death results ACTUAL SIGNADURE EXAMINER'S ITYPE OR PRIN	Jane Ja	res A	Ste	Accident	M.D.		TITLE (S	SPECIFY)	Undet	Inquiry Inquir	ner [], NER - Cris	sfiel	d, M					
2	(\$	Bur		12-4			nyride			У		Sfield					TE			
	24. FU B _J	neral direc	& Sons		ADDRESS	isfie	ld, M	218	17	DE DATE	C 6	REGISTRAR 1982	John	-d	Cou	uf				



STATE OF MARYLAND

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HEALTH DEPT. □ □ □ □ □	(Түре	or Print)	Willie	9		Middle		Smal				OF	ESTI- MATED	Month 12	2-14-8	2 2b. HOUR
y delay i	3. HYa	le	black	S. DATE OF	BIRTH -20-0		GE (In years Phylodoy) YRS	MONTHS	DAYS DAYS	IF UNDER 2	4 HRS MIN	2c. DATE P Month	RONOUNCEC	D DEAD Doy	4 Yeor to 8	2d. HOUR
1 5 M	70 BIRT country)	HPLACE (Stote		S. C.	WHAT COUNT		8. MA	RRIED NE	VER MARR DIVORO			omer:				M
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inhin 24 encil in iminer's pages		DECEASED EVE	R IN U.S. ARMED F	ORCES? var or dates of serv		AL SECURIT	NO.	7. INFORMAN	_	Bur	~4e\$. '	ADDRES		ation 1	47
executed with anding in permit. File in within 72		. CAUSE OF	DEATH (Enter only ATH WAS CAUSED	BY:	1	, (b), and (().) C	rrdia		Arre	1,	You	1000	,, 31	APPROXIA	MATE INTERVAL NSET AND OEATH
X D & d +	Co	42°	y, which gove	TE CAUSE (o). DUE TO	OR AS A COM					17.						
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ate g th ed t and	PAF	T 2. OTHER SI	GNIFICANT CONDI	(c)_ TIONS CONTR	BUTING TO DE	ATH BUT N	OT RELATED	TO THE TERM	AINAL DISE	EASE OR CO	ONDITION	GIVEN IN	PART I(o)			
	CERTIFICATION 1361	DATE OF OP	ERATION			DITION FOR	WHICH OP	RATION							20. AUTO	
This ifficate d be uld be ar re			CONTRIBUTING [E OF INJURY MO	onth, Doy, Y		1c. HOW INJ	URY OCCU	JRRED (Ent	er noture	of injury	in Port 1 or	r Port 2, It	YES [tem 18.)	NO 🗌
	₹ 210	AUSE OF DEATH I. INJURY OCCU WHILE I WORK AT	JRRED 21e. P	LACE OF INJU- tory, office bu	P.M. RY (At home, ilding, etc.)			1f. LOCATION	Street or	R.F.D. No.		City o	r Town		County	Stote
cessary, please execute the funeral director. Page 4 may be retained far your FUNERAL DIRECTOR: Page alth priar to burial, cren	Â	22a. 1 c	ertify that I to ulted fram:	-	of the rema	/				,		pectian [quiry [my apinian
please director retained ar ta b	A	CTUAL	C.	dea	wo	, Accide	enr 📋,	Suicide	CHIEF	MEDICAL E	EXAMINE		ermined	22b. DATE		
O DEPUTY necessary, ple the funeral di S may be reth O FUNERAL D Health priar	E	KAMINER'S AME (Type)	c	STERI	HAN	N	1).	M D	DEPUT	ANT MEDICAL SSSSStreet	EXAMIN				2-17	-32
TO DEPU necesso the fun 5 may TO FUNE Health	23o. Bl	JRIAL, CREMATI		DATE - 19.	- 4		-	OR CREMAT	ORY		23d.		(City or Tov	wn)	(County)	(State)
	10	IERAL DIRECTO	10	-11.	1	ADI	RESS A	rove	1 1 2	So. REC'D	BY REG	ISTRAR	1267 RS	GISTRAR'S	OF GRANDING	ed .
VR A15ME (5)	2117	n H Jo	mestill	258	Chunck	St 1	r. Ar	ne M	d. 0	ADEC	23	1982	Par	and	- Comme	1

MARYLAND STATE DEPARTMENT OF HEALTH

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